

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

OR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

9 9 -- 0 0 8

2. STATE:

MAINE

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE(S)

8/1/99

5. TYPE OF PLAN MATERIAL (CHECK ONE):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY _____ \$ _____
b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
ATT 2.2-A, PGS 23B - D; ATT 2.6-A PGS 12C; SUPP 8A TO ATT
2.6-A PG 7; AND SUPP 8B TO ATT 2.6-A, PG 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable): ATT 2.2-A, PGS 23B -
D; ATT 2.6-A PGS 12C; SUPP 8A TO ATT 2.6-A PG 1; AND
SUPP 8B TO ATT 2.6-A, PG 1

10. SUBJECT OF AMENDMENT:

MORE LIBERAL METHODS OF TREATING INCOME FOR THE WORKING DISABLED COVERAGE GROUP

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED
COMMISSIONER, DEPT. OF HUMAN SERVICES

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Kevin W. Concannon

13. TYPED NAME:

Kevin W. Concannon

14. TITLE:

Commissioner, Maine Department of Human Services

15. DATE SUBMITTED:

September 30, 1999

16. RETURN TO:

Francis T. Finnegan, Jr.
Director, Bureau of Medical Services
#11 State House Station
249 Western Ave.
Augusta, ME 04333-0011

FOR REGIONAL OFFICE USE ONLY

State: Maine

Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

1902(a)(10)(A)
(ii)(XIV) of the Act

— 19. Optional Targeted Low Income Children who:

- a. are not eligible for Medicaid under any other optional or mandatory eligibility group or eligible as medically needy (without spend down liability);
- b. would not be eligible for Medicaid under the policies in the State's Medicaid plan as in effect on March 31, 1997 (other than because of the age expansion provided for in §1902 (l)(1)(D)) or 1905 (n)(2);
- c. are not covered under a group health plan or other group health insurance (as such terms are defined in §2791 of the Public Health Service Act coverage) other than under a health insurance program in operation before July 1, 1997 offered by a State which receives no Federal funds for the program;
- d. have family income at or below:

200 percent of the Federal poverty level for the size family involved, as revised annually in the Federal Register; or

A percentage of the Federal poverty level, which is in excess of the "Medicaid applicable income level" (as defined in §2110(b)(4) of the Act) but by no more than 50 percentage points.

The State covers:

- All children described above who are under age 19 (18, 19) with family income at or below 150 percent of the Federal poverty level.

- The following reasonable classifications of children described above who are under age (18, 19) with family income at or below the percent of the Federal poverty level specified for the classification:

(ADD NARRATIVE DESCRIPTION(S) OF THE REASONABLE CLASSIFICATION(S) AND THE PERCENT OF THE FEDERAL POVERTY LEVEL USED TO ESTABLISH ELIGIBILITY FOR EACH CLASSIFICATION.)

OFFICIAL

TN No. 99-008

Supersedes

TN No.

Approval Date: 11/1/00

Effective Date: 8/1/99

State: Maine

Citation(s)	Groups Covered
1902(e)(12) of the Act	<input checked="" type="checkbox"/> 20. A child under age <u>19</u> (not to exceed age 19) who has been determined eligible is deemed to be eligible for a total of <u>6</u> months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age stated above.
1920(A) of the Act	<input type="checkbox"/> 21. children under age 19 who are determined by a "qualified entity" (as defined in §1920(b)(3)(A)) based on preliminary information, to meet the highest applicable income criteria specified in this plan. The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.

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State: Maine

Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

1902(a)(10)(A) (ii)(XIII) of
the Act

X 20. Disabled individuals whose net family income is below 250 percent of the Federal poverty level for a family of the size involved and who, except for earned income, meet all criteria for receiving benefits under the SSI program. See page 12c of Attachment 2.6-A.

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Maine

Citation(s)	Groups Covered
1902(a)(10)(A) (ii)(XIII) of the Act	<p>(i) <u>Working Disabled Who Buy In to Medicaid</u></p> <p>In determining countable income and resources for working disabled individuals who buy in to Medicaid, the following methodologies are applied:</p> <p>_____ The methodologies of the SSI program.</p> <p>_____ The agency uses methodologies for treatment of income and resources more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A.</p> <p><u> X </u> The agency used more liberal income and/or resource methodologies than the SSI program. More liberal methodologies are described in Supplement 8a to Attachment 2.6-A. More liberal resource methodologies are described in Supplement 8b to Attachment 2.6-A.</p> <p><u> X </u> The agency requires individuals to pay premiums or other cost-sharing charges. The premiums or other cost-sharing charges, and how they are applied, are described below:</p> <p style="text-align: center;">Premiums</p> <ol style="list-style-type: none"> If income is over 150% FPL, equal to or less than 200% FPL, premium is \$10/month. If income is over 200% FPL, less than 250% FPL, premium is \$20/month. Premiums are due the first of each month the individual is covered but they have a grace period until the end of their 6 month review to pay for the entire 6 months. At the time of the 6 month review, if there are unpaid premiums, the coverage under the Working Disabled group will be closed until past due premiums are paid in full. There is "good cause" for non-payment of a premium: mail delay, illness, unanticipated emergency. Exempt from a premium: <ul style="list-style-type: none"> * countable income is equal to or less than 150% FPL * responsible for paying for their Medicare Part B premium * retroactive coverage

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Revision: HCFA-PM-91-4 (BPD)
August 1991

SUPPLEMENT 8a TO ATTACHMENT 2.6-A
Page 7
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

MORE LIBERAL METHODS OF TREATING INCOME UNDER
SECTION 1902(r) (2) OF THE ACT*

☐

Section 1902(f) State

☒

Non-Section 1902(f) State

For individuals eligible under 1902(a)(10)(A)(ii)(x) and ~~1902(m)(4), 1055(p)(1)~~ 1902(a)(10)(E)(iii),
1902(a)(10)(E)(iv):

1905(p)(1)

1. exclude income --in-kind;
2. exclude the first \$400 per month of earned income for a student regularly attending school as defined by the learning institution (this deletes the current \$1620 maximum in a calendar year).

OFFICIAL

TN No. 01-002A

Supersedes 99-008

TN No. _____

Approval Date: 7/10/01

Effective Date: 5/1/01

HCFA ID: 7985E

Revision:

Au

Supplement 8a to ATTACHMENT 2.6-A

Page 7

OMB No.: 0938-

State:

Maine

Citation(s)

Groups Covered

MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902(r) (2) OF THE ACT*

☐

Section 1902(f) State

☒

Non-Section 1902(f) State

For the Working Disabled group identified in Section 4733 of the Balanced Budget Act of 1997 as the Optional Categorically needy group 1902(a)(10)(A)(ii)(XIII):

Disregard unearned income exceeding the SSI/SSP income standard that is up to and including 100% FPL as revised annually in the federal register by U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).

OFFICIAL

OBS. BY 01-002A

EFF. 5/1/01

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TN No

Revision: Au

Supplement 8b to ATTACHMENT 2.6-A

Page 2

OMB No.: 0938-

State: Maine

Citation(s)	Groups Covered
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MORE LIBERAL METHODS OF TREATING RESOURCES
UNDER SECTION 1902(r)(2) OF THE ACT*

☐ Section 1902(f) State

☒ Non-Section 1902(f) State

For the Working Disabled group identified in Section 4733 of the Balanced Budget Act of 1997 as the optional Categorically Needy group of 1902(a)(10)(A)(ii)(XIII):

Disregard all assets less than \$8,000 for an individual or \$12,000 for a couple.

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